



State of Georgia  
 Georgia Safety Fire Commissioner  
 620 West Tower, Floyd Building  
 2 Martin Luther King Jr. Drive  
 Atlanta, Georgia 30334  
 (404) 656-9798

# Service Station Application Construction and/or Operation Permit

Please Check Appropriate Box:

\_\_\_ Self \_\_\_ Full \_\_\_ Private \_\_\_ Marine \_\_\_ Other \_\_\_

Application is hereby made for permit to construct (this includes modification of existing stations) and/or operate a Service Station for dispensing of motor fuels as set forth in the Rules of the Safety Fire Commissioner, Chapter 120-3-11, Rules and Regulations for Flammable and Combustible Liquids. All applications shall be accompanied by the mandatory fee pursuant to Official Code of Georgia Annotated Section 25-2-4.1 for the operations permit. The required fee is \$100.00 dollars.

Owner's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Lessee or Lessor \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Business Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address for Business (if different)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Application for: **THIS SECTION MUST BE COMPLETED**

YES NO

Is this a new facility?  
 Is this facility being modified?  
 Is this a change in service?  
 Has station previously been approved for self-service operation?  
 If this is an existing facility, provide the number and size of  
 Underground tanks: \_\_\_\_\_


**Ownership Information (Check One)**  
 \_\_\_ This application is for ownership change.  
 \_\_\_ This application is for lessee or lessor change.  
 \_\_\_ This application is for name change.  
 Previous Owner \_\_\_\_\_  
 Previous Lessee or Lessor \_\_\_\_\_  
 Previous S.S. Permit Number \_\_\_\_\_

### Emergency Control and Equipment Information

If not stated or shown on plans accompanying this application, provide information on type of self-service controls to be installed. This includes: Emergency Shut Off, Key Lock and Communications System.

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

### Notes to Applicant

- Approval to construct a new station or modify an existing station will be by authorizing letter and approval indicated on the plans.
- Approval for operation of service station will be through Permit Certificate, which must be posted at the site at all times. Issue of this permit will be after final inspection and approval as required by Chapter 120-3-11 and after the \$100.00 fee is paid.
- Applicant may be required to submit additional information in writing, or appear before the State Fire Marshal, if sufficient information is not provided or if there are questions as to whether standards will be met and maintained.
- Application for permit for new construction or for modifications must be accompanied by plans that indicate the type of self-service controls to be installed, including manufacturer's model number and other identifying details. If equipment has not been previously approved by the State Fire Commissioner, complete specification and operational procedures may be required.
- Permits are nontransferable and shall expire upon a change of ownership of the facility. Any issuance of a new permit to include change of ownership, facility name, lessee or lessor, or to replace a lost or destroyed permit requires a \$100.00 fee. Issue of a permit will be after inspection and approval as according to 120-3-11.
- The permit shall be posted in a conspicuous location on the premises.

I am familiar with the Rules of the Safety Fire Commissioner, Chapter 120-3-11 and verify the installation applied for will be constructed and operated in accordance with the provisions of the Rules. I understand that service operations may not commence until the installation has been approved and the operations permit has been received and posted as required. I also understand the operations permit is nontransferable. Checks should be made to : Georgia Safety Fire Commissioner.

Permit Fee Paid: \_\_\_ Yes \_\_\_ No

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Check Number: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If you are an individual with a disability and wish to acquire this publication in an alternative format, contact the ADA Coordination, Safety Fire Division, Office of Commissioner of Insurance, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334, 404 656-2056, TDD # 404 656-4031.